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BIBDATASHEET

CONFIRMATION NO. 3645

Bib Data Sheet

SERIAL NUMBER 09/400,649	FILING DATE 09/21/1999 RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. SZABO-201.1
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APPLICANTS

ANDREW J. SZABO, DOBBS FERRY, NY;

** CONTINUING DATA *****

This application is a CON of 08/671,413 06/27/1996 PAT 5,954,640 *YES*

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/08/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
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Verified and Acknowledged

Examiner's Signature _____ Initials _____

ADDRESS

MILDE HOFFBERG & MACKLIN LLP
COUNSELORS IN INTELLECTUAL PROPERTY LAW
SUITE 460
10 BANK STREET
WHITE PLAINS, NY
10606

TITLE

NUTRITIONAL OPTIMIZATION SYSTEM AND METHOD

FILING FEE RECEIVED 716	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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SERIAL NUMBER 09/400,649	FILING DATE 09/21/99	CLASS 128	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. SZABO-201.1
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APPLICANT

ANDREW J. SZABO, DOBBS FERRY, NY.

CONTINUING DOMESTIC DATA***
 VERIFIED THIS APPLN IS A CON OF 08/671,413 06/27/96 PAT 5,954,640

371 (NAT'L STAGE) DATA***
 VERIFIED

FOREIGN APPLICATIONS***
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/08/99 ** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
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TITLE

NUTRITIONAL OPTIMIZATION SYSTEM AND METHOD

FILING FEE RECEIVED \$452	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="font-size: small;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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